



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bit Data Sheet

|                             |  |              |                        |                                   |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/664,970 | FILING DATE<br>09/18/2000<br>RULE<br>- | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>249/056 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

APPLICANTS

Rainier Betelia, San Jose, CA;  
Edward M. Gillis, Cupertino, CA;  
Jonathan M. Rourke, Los Altos, CA;  
Yi Yang, San Francisco, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
*DA* NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*DA* NONE

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 11/14/2000

\*\* SMALL ENTITY \*\*

|                                 |  |                                   |                        |                       |                            |
|---------------------------------|--|-----------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA         | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>36 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br><i>Allowance</i> | Examiner's Signature<br><i>DA</i> | Initials               |                       |                            |

ADDRESS

22249

TITLE

Apparatus for delivering endoluminal prostheses and methods of making and using them

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>564 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|